



**USAID** | **TB CARE I**  
FROM THE AMERICAN PEOPLE

# **Uzbekistan**

**Year 1  
Quarterly Report  
July - September 2011**

**November 8th , 2011**

## Quarterly Overview

<b>Reporting Country</b>	<b>Uzbekistan</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	
<b>Date Report Sent</b>	8-11-2011
<b>From</b>	Svetlana Pak
<b>To</b>	Bryn Sakagawa
<b>Reporting Period</b>	<b>July-September 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	17%
2. Laboratories	4%
3. Infection Control	20%
4. PMDT	5%
5. TB/HIV	0%
6. Health Systems Strengthening	33%
7. M&E, OR and Surveillance	0%
8. Drug supply and management	0%
<b>Overall work plan completion</b>	<b>10%</b>

### Most Significant Achievements

#### Infection control:

Assessment of TB-IC was conducted by Dato Chorgoliani, KNCV Senior consultant, Max Meis, PMU and Vlad Furman TBOIC regional consultant in TB facilities in Tashkent city (the Republican TB Institute, City TB hospital, City TB dispensary), Nurabad, Andijan, and Nukus (TB Hospitals #1 and TB hospital #2). Mission team shared findings and recommendations with NTP and MoH, and PIU GF.

#### **General observations during assessment mission:**

Not all TB facilities have TB IC activity plan, IC committee and designated staff; Medical personnel (doctors, nurses) and engineering staff need TB IC training; Separation of patients according to their DR TB status is not sufficient; More efforts should be applied to transfer non bacillary patients (especially children) from in-patient to outpatient treatment; Only few TB facilities have properly functioning mechanical ventilation; Almost all TB facilities need installation of UVGI fixtures in high risk zones that operates 24 hours; TB facilities are poorly supplied with respirators and surgical masks.

#### **Main recommendations of the the mission:**

1. Finalize and update legislative basis for TB IC according to international recommendations.
2. Develop a budgeted TB IC Activity Plan.
3. TB IC training courses are highly recommended for all HCW and technical staff of TB facilities.
4. Ensure timely diagnosis of TB patients by implementing rapid diagnostic tests (X-pert).
5. Separation of patients according to their DR status should be implemented in all TB facilities and locate patients in one ward based on DR status.
6. Minimize duration of in-patient care especially after smear conversion and develop the policy on ambulatory care.
7. Organize surveillance and monitoring on TB incidence among HCW and technical personnel.
8. Proper use of UVGI lamps, extractor fans in combination with natural ventilation (cross ventilation, opening windows, doors etc).
9. All TB facilities should be supplied with surgical masks for patients and with FFP2/N95 respirators for medical staff in a sufficient quantity.

#### **TB in children:**

For the purpose of strengthening local capacities in international recommendations in childhood TB, one TB pediatrician from NTP participated in the international training course on childhood TB in Latvia.

#### **HSS**

In order to improve NTP's capacities in strategic planning, one specialist from NTP participated in the IUATLD training on strategic planning and innovations.

Representatives of NTP and prison medical service participated in the regional meeting on harmonization of action plans in TB control. Plans of NTP and prison medical service were shared and discussed during the meeting.

### Overall work plan implementation status

Project implementation is postponed due to pending registration in the country. Only few activities were possible to implement through NTP.

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#### **Technical and administrative challenges**

Official approval of workplans by the MoH is requested to start implementation. Work plans can be submitted only by an officially registered organization.

Registration documents have been submitted to HQ for approval and submitting for legalization. According to Uzbekistan legal requirements a long list of documents have to be prepared and submitted for registration.

## Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	1023	NA
Number of MDR cases put on treatment	628	NA

\* January - December 2010    \*\* January - September 2011

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Improved TB control in prisons	Bacteriologically confirmed TB cases in prisons reported to NTP	Bacteriologically confirmed TB cases reported in prisons in project sites (indicator for case detection), disaggregated by	94		94	Activity has not started yet.	Due to pending registration activity was not implemented.
2	Strengthened TB control in migrants	TB cases in migrants reported to NTP among the total number of TB patients	TB cases in migrants reported to NTP among the total number of TB patients	NA			Assessment mission was not conducted.	Due to pending registration activity was not implemented.
3	International standards on TB management in children introduced in country	Number of childhood TB cases	Number of childhood TB cases disaggregated by active (contact, risk group examination) and passive case finding	335 per 100,000 (2009)	2	1	One TB pediatrician (female) from NTP participated in training course on TB in children in Latvia	Second TB pediatrician from Karakalpakstan didn't submit documents for visa timely.

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Laboratory strategic planning capacity improved	Developed National laboratory strategic plan	National laboratory strategic is developed Yes/No	no	yes	no	Activity is delayed because pending registration in Uzbekistan.	Implementation needs official registration in the country and approval of the workplan by MoH.
2	Management of laboratory services improved	Number of laboratories that have updated laboratory SOPs in line with WHO standards (number and percent)	Number of culture laboratories that have SOPs in line with WHO standards out of total number of culture laboratories in project sites (number and percent)	2 (50%)	4	2 (50%)	Activity is delayed because of pending registration in Uzbekistan.	Implementation needs official registration in the country and approval of workplan by MoH.
3	TB diagnostic capability enhanced through introduction of new diagnostic tools	TB patients diagnosed by GenExpert (number and percent)	TB patients diagnosed by GenExpert in project sites (number and percent out of all TB patients in project sites) disaggregated by TB/MDR TB	0		0	Activity was not conducted yet because of pending registration in Uzbekistan.	Activities will be reprogrammed in APA2.

Technical Area	3. Infection Control							
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			

<b>1</b>	Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	Ratio of TB notification rate in health care staff	Ratio of TB notification rate in health care staff over the TB notification rate in general population, adjusted by age and sex in project sites	0.2			Assessment visit on TB-IC was conducted by Dato Chorgoliani, KNCV Senior consultant Max Meis, TB CARE PMU and Vlad Furman TB-IC regional consultant in Tashkentskaya oblast, Andizhan and Karakalpakstan at the end of August and beginning of September.	Challenges: implementation of recommendations can be done after official registration and approval of the activities plan by the MoH
<b>2</b>	Developed local capacity on TB IC	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent)	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent) disaggregated by prison and civil sector	41 (100%)	2	0	Local engineers were not identified. Therefore, activity could not be conducted.	Limited number of ventilation companies are available in the country which are interested to provide service to NTP.
<b>3</b>								

<b>Technical Area</b>		<b>4. PMDT</b>						
<b>Expected Outcomes</b>		<b>Outcome Indicators</b>	<b>Indicator Definition</b>	<b>Baseline</b>	<b>Target Y1</b>	<b>Result Y1</b>	<b>Highlights of the Quarter</b>	<b>Challenges and Next Steps to Reach the Target</b>
<b>1</b>	PMDT scale up in civilian and prison sectors	MDR TB cases put on treatment (number and percentage of diagnosed MDR TB cases)	Number and % of lab-confirmed MDR-TB patients enrolled on 2nd-line anti-TB treatment among all lab-confirmed MDR-TB cases during reporting period in project sites dissaggregated by civil and prison sector	628 (61%)			Activity was not conducted due to pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.
<b>2</b>	Improved X/MDR TB management in children	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB)	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB) disaggregated by oblasts	will be collected during the first assessment mission			Activity was not conducted due to pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.

Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Increased demand for TB/HIV activities	Country has a National strategic plan on TB/HIV collaborative activities	National strategic plan on TB/HIV collaborative activities is in line with WHO standards and	yes			Activity was not conducted because of pending registration.	Implementation needs official registration in the country and approval of workplan by MoH.

Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Improved local human resource capacity, including trainers and e-resources	Number of local trainers trained	Number local trainers trained in each project site	28 (Tash) 5 (Nukus)	2	1	One NTP specialist (male) participated in IUATLD International training course on strategic planning.	It was difficult to identify participants because of limited human resources at NTP and required approval from the MoH.
2	Improved patient adherence to treatment	Default rate among TB patients	Default rate among TB patients in project sites disaggregated by TB and MDR TB	4%			Activities were not implemented because of pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.
3	Implemented ambulatory model of TB treatment	Number of TB patients who completed treatment ambulatory	Number of TB patients who completed treatment ambulatory in pilot sites disaggregated by TB and MDR TB				Activities were not implemented because of pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.








Technical Area	7. M&E, OR and Surveillance						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		

<b>1</b>	Improved surveillance system (including MDR TB and TB/HIV)	1)Reporting units at all levels of data flow submitting timely reports according to national guidelines (number and percentage) 2)Feedback from systematic analysis of surveillance and programmatic data and related recommendations provided by central to lower levels	1)Reporting units at all levels of data flow in project sites submitting timely reports according to national guidelines (number and percentage) 2)Reporting units that have received feedback from central level (number and percentage)	1) 2 2) 0	1) 2 2) 2		Assessment was not conducted because of pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.
<b>2</b>	Strengthened local capacities on OR	Operations research studies completed & results disseminated (number)	Number of operations research studies completed & results disseminated	0	1	0	Activity was not started yet because of pending registration.	Implementation needs official registration in the country and approval of the workplan by MoH.








<b>Technical Area</b>		<b>8. Drug supply and management</b>						
<b>Expected Outcomes</b>		<b>Outcome Indicators</b>	<b>Indicator Definition</b>	<b>Baseline</b>	<b>Target Y1</b>	<b>Result Y1</b>	<b>Highlights of the Quarter</b>	<b>Challenges and Next Steps to Reach the Target</b>
<b>1</b>	Improved drug management in project sites	Number of oblast with quarterly oblast stock information available both for first and second line drugs	Number of oblast in TB CARE I project sites with quarterly oblast stock information available (both for first and second line drugs)/total number of oblasts in project sites	2	4	2	Activity has not started yet.	Implementation needs official registration in the country and approval of workplan by MoH.







## Quarterly Activity Plan Report



Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Improved TB control in prisons	1.1.1	Situational analysis and planning for strengthening TB control in prisons	KNCV	3.055	 0%	Sep	2012	Moved to APA 2.
	1.1.2	Strengthening of laboratory service in prison system	KNCV	4.705	 0%	Sep	2012	Moved to APA 2.
	1.1.3	Strengthening of TB care provision to prisoners, including ex-prisoners still on TB treatment	KNCV	4.730	 0%	Sep	2012	Moved to APA 2.
1.2 Strengthened TB control in migrants	1.2.1	Analysis of policy and practices related to TB control in migrants	KNCV	8.925	 0%	Sep	2012	Moved to APA 2.
1.3 International standards on TB management in children introduced in country	1.3.1	Training on TB management in children	KNCV	12.750	 100%	Aug	2011	One TB pediatrician from NTP participated in international course on TB in children in Latvia from 22 till 26 August.
	1.3.2	Development of action plan to scale up TB management in children	KNCV	6.125	 0%	Jun	2012	Moved to APA 2.
					 17%			







Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	

2.1 Laboratory strategic planning capacity improved	<b>2.1.1</b>	Revision of National strategic plan	KNCV	3.570	 25%	Sep	2011	Moved to APA 2.
	<b>2.1.2</b>	Continuous supportive supervision	KNCV	34.200	 0%	Mar	2012	Moved to APA 2.
2.2 Management of laboratory services improved	<b>2.2.1</b>		KNCV		 0%			
	<b>2.2.2</b>	Updating of lab SOPs in accordance with international standards	KNCV	3.900	 0%	Sep	2012	Moved to APA 2.
2.3 TB diagnostic capability enhanced through introduction of new diagnostic tools	<b>2.3.1</b>	Procurement of GenExpert and its related equipment	KNCV	182.010	 0%	Sep	2012	Moved to APA 2.
	<b>2.3.2</b>	Introduction and piloting of GenExpert	KNCV	56.806	 0%	Sep	2012	Moved to APA 2
	<b>2.3.3</b>	Introduction of SL Hain test	KNCV	13.627	Cancelled	Sep	2011	cancelled since it will be done by other project
					 4%			




		<b>3. Infection Control</b>			<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>	
<b>Outcomes</b>			<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	
3.1 Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	<b>3.1.1</b>	Development of IC guidelines and regulatory documents in accordance with international standards	KNCV	8.452	 0%	Jun	2012	Moved to APA 2.



3.1.2	Introduction of TB IC assesment guide and checklist	KNCV	2.858	 0%	Apr	2012	Will be continued in APA2.
3.1.3	Continious supportive supervision	KNCV	6.130	 0%	Sep	2012	Moved to APA 2.
3.1.4	IC assessment visits to project sites	KNCV	20.540	 100%	Sep	2011	<p>Assessment IC mission was conducted by Dato Chorgoliani, KNCV Senior consultant Max Meis, TB CARE PMU and Vlad Furman TB-IC regional consultant in August - September. Assessment mission was conducted in Tashkent, Andijan and Karakalpakstan Republic.</p> <p><b>General observations during assessment mission:</b>  Not all TB facilities have TB IC activity plan, IC committee and designated staff; Medical personnel (doctors, nurses) and engineering staff need TB IC training; Separation of patients according to their DR TB status is not sufficient; More efforts should be applied to transfer non bacillary patients (especially children) from in-patient to outpatient treatment; Only few TB facilities have properly functioning mechanical ventilation; Almost all TB facilities need installation of UVGI fixtures in high risk zones that operates 24 hours; TB facilities are poorly supplied with respirators and surgical masks.</p> <p><b>The mission gave following recommendations:</b>  1. Finalize and update legislative basis and norms for TB IC according to international recommendations. Create IC working group involving MoH, NTP, SES, Prison medical staff, international organizations with clear responsibilities.  2. Develop a budgeted TB IC Activity Plan.  3. Develop training materials for IC. TB IC training courses are recommended for all HCW and technical staff of TB facilities.  4. Ensure timely diagnosis of TB patients by implementing rapid diagnostic tests (X-pert).  5. Separation of patients according to their DR status.  6. Minimize duration of in-patient care especially after smear conversion and develop the policy on ambulatory care.  7. Organize surveillance and monitoring on TB incidence among HCW and technical personnel  Revise existing screening policy for HCW.  8. Proper use of UVGI lamps, extractor fans in combination with natural ventilation (cross ventilation, opening windows, doors etc).  9. All TB facilities should be supplied with surgical masks for patients and with FFP2/N95 respirators for medical staff in a sufficient quantity.</p>






	<b>3.1.5</b>	Procurement of IC equipment for risk assessment and protection measures	KNCV	54.500	 0%	Jun	2012	Moved to APA 2.
3.2 Developed local capacity on TB IC	<b>3.2.1</b>	Training on environmental aspects of TB IC	KNCV	5.210	Cancelled	Sep	2011	Activity is cancelled because there is no course for engineers in 2012 in Vladimir and difficulties with finding interested ventilation companies.
					 <b>20%</b>			





		<b>4. PMDT</b>				<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>
<b>Outcomes</b>			<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	
4.1 PMDT scale up in civilian and prison sectors	<b>4.1.1</b>	Assesment visits to new project sites		27.121	 0%	Mar	2012	Moved to APA 2.
	<b>4.1.2</b>	Development of PMDT action plans in project sites		17.382	 0%	Apr	2012	Moved to APA 2.
	<b>4.1.3</b>	Training on X/MDR TB clinical management in project sites		14.850	 0%	Aug	2012	Moved to APA 2.
	<b>4.1.4</b>	Participation in international meeting		17.014	 25%	Sep	2011	Moved to APA 2.
4.2 Improved X/MDR TB management in children	<b>4.2.1</b>	Development of protocols on X/MDRTB management in children		2.718	 0%	Mar	2012	Moved to APA 2.
					 <b>5%</b>			



		<b>5. TB/HIV</b>				<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>
<b>Outcomes</b>			<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	

5.1 Increased demand for TB/HIV activities	<b>5.1.1</b>	Analysis of policy and practices related to TB-HIV collaborative activities in the project sites	KNCV	2.505	 0%	Mar	2012	Moved to APA 2 will be reprogrammed to assessment of TB-HIV management.
	<b>5.1.2</b>	Development of National strategic plan on TB/HIV collaboration	KNCV	4.820	 0%	Jun	2012	Moved to APA 2 will be reprogrammed to strengthening clinical management of TB-HIV.
					 0%			

		<b>6. Health Systems Strengthening</b>			<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>	
<b>Outcomes</b>			<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	
6.1 Improved local human resource capacity, including trainers and e-resources	<b>6.1.1</b>	Training on "strategic planning and innovation"	KNCV	17.715	 100%	Aug	2011	One male specialist from NTP participated in IUATLD training course on Strategic planning and Innovation
	<b>6.1.2</b>	Development of HRD plan for TB	KNCV	3.495	Cancelled	Sep	2011	This activity is cancelled because it is covered by another project. Funds will be reprogrammed for other activity in APA2.
	<b>6.1.3</b>	Establishment of collaborator of Universities and Medical schools	KNCV	8.140	Cancelled	Sep	2011	This activity is cancelled and will be replaced by new activity for APA2.
	<b>6.1.4</b>	Development of plan for sustainable e-library in Russian and English languages	KNCV	2.980	Cancelled	Sep	2011	This activity is cancelled and funds will be reprogrammed for other activities in APA2.
	<b>6.2.1</b>	Regional introductory workshop for implementation of TB CARE I, QHCP and Dialoge projects in CAR	KNCV	19.070	 100%	Jul	2011	Six participants from Uzbekistan (4 males and 2 females) representing NTP, prison system and WHO participated in two-day regional workshop on harmonization of activity plans.

	<b>6.2.2</b>	Strengthening of training capacities of local training centers	KNCV	13.045	 0%	Apr	2012	Moved to APA 2.
6.2 Improved patient adherence to treatment	<b>6.2.4</b>	Analysis of policy and practices related to patient support system in Tashkent and Nukus	KNCV	3.080	 0%	Feb	2012	Moved to APA 2.
	<b>6.2.5</b>	Improvement of patient support system	KNCV	7.880	 0%	Mar	2012	Moved to APA 2.
6.3 Implemented ambulatory model of TB treatment	<b>6.2.6</b>	Development and piloting of ambulatory care model	KNCV	16.236	 0%	Sep	2012	Moved to APA 2.
					 <b>33%</b>			

7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes	Month				Year			
7.1 Improved surveillance system (including MDR TB and TB/HIV)	7.1.1	Assessment of surveillance system	KNCV	16.208	 0%	Mar	2012	Moved to APA 2.
	7.1.2	Development of protocol on evaluation of new diagnostics	KNCV	14.766	 0%	May	2012	Moved to APA 2.
	7.1.3	Development of protocol for evaluation of new models of care	KNCV	9.396	 0%	Jun	2012	Moved to APA 2.
					 0%			

Outcomes	8. Drug supply and management		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
8.1 Improved drug management in project sites	8.1.1	Assessment and development of action plan on drug management (Desk work)	KNCV	1.075	 0%	Sep	2011	Activity is cancelled because it is covered by another project.
					 0%			

## Quarterly Activity Plan Modifications

### Request for Cancellation or Discontinuation of Activities

Approved By (write dates)			Old Code	1. Universal and Early Access	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			2.3.3	Introduction of SL Hain test	KNCV	13.627		WHO regional workshop	KNCV	34101
Approved By (write dates)			Old Code	3. Infection Control	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			3.2.1	Training on environmental aspects of TB IC	KNCV	5.210				
Approved By (write dates)			Old Code	6. Health Systems	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			6.1.2	Development of HRD plan for TB	KNCV	3.343				
			6.1.3	Establishment of collaboraton of Universities and Medical schools	KNCV	8.140				
			6.1.4	Development of plan for sustainable e-library in Russian and English languages	KNCV	2.980				
Approved By (write dates)			Old Code	8. Drug supply and	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			8.1.1	Assessment and development of action plan on drug management (Desk work)	KNCV	1.075				

### Request for Postponement of Activities to Next Year

Approved By (write dates)			Old Code	1. Universal and Early Access	Lead Partner	Remaining Budget	Extension APA1/APA2	Remarks
Mission	PMU	USAID		Activities from the Work Plan				
			1.1.1	Situational analysis and planning for strengthening TB control in prisons	KNCV	3.055	moved to APA 2	
			1.1.2	Strengthening of laboratory service in prison system	KNCV	4.705	moved to APA 2	
			1.1.3	Strengthening of TB care provision to prisoners, including ex-prisoners still on TB treatment	KNCV	4.730	moved to APA 2	
			1.2.1	Analysis of policy and practices related to TB control in migrants	KNCV	8.925	moved to APA 2	
			1.3.2	Development of action plan to scale up TB management in children	KNCV	6.125	moved to APA 2	



Approved By (write dates)			Old Code	2. Laboratories	Lead Partner	Remaining Budget	Extension APA1/APA2	Remarks
Mission	PMU	USAID		Activities from the Work Plan				
			2.1.1	Revision of National strategic plan	KNCV	3.570	moved to APA 2	
			2.1.2	Continuous supportive supervision	KNCV	34.200	moved to APA 2	
			2.2.2	Updating of lab SOPs in accordance with international standards	KNCV	3.900	moved to APA 2	
			2.3.1	Procurement of GenExpert and its related equipment	KNCV	182.010	moved to APA 2	
			2.3.2	Introduction and piloting of GenExpert	KNCV	56.806	move to APA 2	
Approved By (write dates)			Old Code	3. Infection Control	Lead Partner	Remaining Budget	Extension APA1/APA2	Remarks
Mission	PMU	USAID		Activities from the Work Plan				
			3.1.1	Development of IC guidelines and regulatory documents in accordance with international standards	KNCV	5.351	moved to APA 2	
			3.1.2	Introduction of TB IC assesment guide and checklist	KNCV	506	will be continued in APA2	
			3.1.3	Continious supportive supervision	KNCV	6.130	moved to APA 2	
			3.1.5	Procurement of IC equipment for risk assessment and protection measures	KNCV	54.500	moved to APA 2	
Approved By (write dates)			Old Code	4. PMDT	Lead Partner	Remaining Budget	Extension APA1/APA2	Remarks
Mission	PMU	USAID		Activities from the Work Plan				
			4.1.1	Assesment visits to new project sites	KNCV	26.053	moved to APA 2	
			4.1.2	Development of PMDT action plans in project sites	KNCV	17.382	moved to APA 2	
			4.1.3	Training on X/MDR TB clinical management in project sites	KNCV	14.850	moved to APA 2	
			4.1.4	Participation in international meeting		15.040	moved to APA 2	
			4.2.1	Development of protocols on X/MDRTB management in children	KNCV	2.718	moved to APA 2	
Approved By (write dates)			Old Code	5. TB/HIV	Lead Partner	Remaining Budget	Extension APA1/APA2	Remarks
Mission	PMU	USAID		Activities from the Work Plan				
			5.1.1	Analysis of policy and practices related to TB-HIV collaborative activities in the project sites	KNCV	2.505	moved to APA 2	
			5.1.2	Development of National strategic plan on TB/HIV collaboration	KNCV	4.820	moved to APA 2	
Approved By (write dates)			Old Code	6. Health Systems	Lead Partner	Remaining Budget	Extension APA1/APA2	Remarks
Mission	PMU	USAID		Activities from the Work Plan				
			6.2.2	Strengthening of training capacities of local training centers	KNCV	15.042	moved to APA 2	

			<b>6.2.4</b>	Analysis of policy and practices related to patient support system in Tashkent and Nukus	KNCV	3.080	moved to APA 2	
			<b>6.2.5</b>	Improvement of patient support system	KNCV	7.880	moved to APA 2	
			<b>6.2.6</b>	Development and piloting of ambulatory care model	KNCV	16.236	moved to APA 2	
<b>Approved By (write dates)</b>			<b>Old Code</b>	<b>7. M&amp;E, OR and Surveillance</b>	<b>Lead Partner</b>	<b>Remaining Budget</b>	<b>Extension APA1/APA2</b>	<b>Remarks</b>
<b>Mission</b>	<b>PMU</b>	<b>USAID</b>		<b>Activities from the Work Plan</b>				
			<b>7.1.1</b>	Assessment of surveillance system	KNCV	16.208	moved to APA 2	
			<b>7.1.2</b>	Development of protocol on evaluation of new diagnostics	KNCV	12.172	moved to APA 2	
			<b>7.1.3</b>	Development of protocol for evaluation of new models of care	KNCV	9.396	moved to APA 2	
				<b>TOTAL:</b>				

### Request for Adding New Activities to the Current Work Plan

<b>Approved By (write dates)</b>			<b>New Code</b>	<b>2. Laboratories</b>	<b>Lead Partner</b>	<b>Proposed Budget*</b>	<b>Remarks</b>
<b>Mission</b>	<b>PMU</b>	<b>USAID</b>		<b>Proposed New Activities</b>			
				Regional WHO workshop on implementation of GeneXpert	KNCV	38.000	reprogrammed activity Introduction SL Hain test act.2.3.3
				Staffing and operations	KNCV	17.270	Funds needed for Staffing and Operations to be able to implement activities during extension period

### Summary of expenses vs budget

<b>Total budget:</b>	<b>980.811</b>
<b>ACF:</b>	88.273
<b>KNCV budget:</b>	<b>892.538</b>
<b>Total expensed APA1:</b>	99.557
<b>Total balance:</b>	<b>792.981</b>
<b>Carry over to APA2:</b>	<b>537.390</b>
<b>Total savings APA1:</b>	<b>255.591</b>
<b>Reprogrammed:</b>	<b>55.270</b>

**Quarterly Photos (as well as tables, charts and other relevant materials)**

Inventory List of Equipment TB CARE I									
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<b>Organization:</b>	<b>TB CARE I</b>
<b>Country:</b>	
<b>Reporting date:</b>	
<b>Year:</b>	

[illegible]

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(6) Address

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.